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**\*\* CONTINUING DATA \*\*\*\*\***  
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**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
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Foreign Priority claimed 35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWINGS</b> 8	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 4
Verified and Acknowledged	/ANNE MARIE SABRINA WEHBE/ Examiner's signature	Initials				

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**TITLE**  
 Minus strand rna viral vectors carrying a gene with altered hypermutable regions

<b>FILING FEE RECEIVED</b> 1590	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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